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ABSTRACT

Stress can make a person more apt to abuse alcohol and drugs. Based on interviews with Phil Tingley, president of the National Indian Social Workers Association, this booklet suggests that some Native American youth are victims of a special kind of stress--post-traumatic stress (PTS). PTS symptoms are delayed mental and physical responses to severe trauma. Secondary PTS may affect individuals close to someone affected by severe trauma. For the past five generations, Native Americans have experienced one cultural and individual trauma after another. Many Indian youth are caught up in an accelerating spiral of pain and despair. New primary traumas occur as negative behaviors generated by PTS take their toll. The desire for relief increases, and alcohol and drugs offer escape. To deal with PTS, Native Americans, as a community, must allow themselves to experience the grief process. Grieving often leads to anger and a search to establish blame, but this process can result in accepting and forgiving the behavior of oneself and others and focusing on healthy choices for the future. Indian communities have the power to heal themselves by drawing on traditional cultural practices for confronting problems. As trauma is confronted, the release may be explosive and help may be necessary. Resources are available within the tribe. Community events and ceremonies that strengthen tribal and family support networks can significantly help people struggling with PTS. (SV)

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What Some Indian Youth and Vietnam Veterans Have in Common

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Introduction

Are there factors within a young person's environment that can make him more susceptible to alcohol and substance abuse?

Phil Tingley, President of the National Indian Social Workers Association, says "Yes".

Stress, Tingley believes, can make a person more apt to abuse alcohol and drugs. And some Native American youngsters, he says, are—like some war veterans—victims of a newly recognized and special kind of stress . . .

POST-TRAUMATIC STRESS OR PTS.

What is PTS? How does it affect Indian youngsters? What does it have to do with alcohol and substance abuse? How can we help combat it?

The information in the following pages, which is written by Nancy Gale based on interviews with Phil Tingley, attempts to answer these questions.

It is hoped that the text will stimulate, among professionals and community leaders, an interchange of ideas that will contribute to a more accurate understanding of why some Native American youth may be at high-risk for alcohol and substance abuse.

The material is presented with the assumption that the Indian community is its own best resource for fighting substance abuse. Because of the pervasiveness of the Native American trauma, however, substantial outside financial, mental health and treatment resources will likely be necessary. This outside help must support—not direct—Native American efforts.

Phil Tingley

What is Post-Traumatic Stress?

Post-Traumatic Stress. We've come to associate this recently recognized mental health problem with Vietnam-era vets and survivors of World War II concentration camps. But it's been with us for a long time.

Before it was labeled PTS, it was referred to by other names. In World War I, it was called shell shock. The Korean conflict and WWII called it combat fatigue. Recently, we have learned that combat is not the only experience that generates PTS symptoms. Any exposure to severe trauma may result in PTS.

TV shows and newspapers now tell us that a trauma often continues to negatively affect its victims long after the event is over.

For example, years after an individual experiences war, he may be haunted by isolation, fear, guilt, shame, depression, anger, irritability and other negative mental responses. He may become hostile, have increased or decreased sexual functions, overwork himself, or not work at all.

He may experience flashbacks, nightmares, sleepwalking, trembling, stomachaches, headaches, fatigue, weight loss/gain and/or many other symptoms.

These mental and physical responses, we are learning, are entirely normal. They are, in fact, well within the predictable range of human reaction to severe shock or pain.

What Does PTS Have to Do With Native Americans?

Phil Tingley says some Native Americans, like some war veterans and survivors of concentration camps and other severe traumas, suffer from post-traumatic stress. "American Indians," he says, "are survivors of from one to five hundred years of the most brutal genocide, ethnocide and forced acculturation the world has ever seen. For the past five generations, we have experienced one cultural and individual trauma after another."

"My great-grandparents," says Tingley, "were prisoners-of-war. My grandparents experienced the concentration camp existence of our first reservations. My parents suffered involuntary confinement at boarding schools. And I spent my elementary school years away from my family in religious boarding schools."

"Each of these generations," continues Tingley, "experienced a number of additional, individualized traumas including beatings, sexual abuse, premature deaths of loved ones, and all kinds of social, psychological and spiritual degradation."

Tingley says that isn't the end of it. "Each of us in my family, beginning with my grandparents also experienced something that social scientists are calling 'secondary post-traumatic stress.'"

Secondary PTS impacts some individuals who are close to a person who is affected by severe trauma. People experience secondary PTS in one of two ways.

On one hand, an individual may experience secondary post-traumatic stress through living and coping with someone who has experienced a trauma. Say, my mother spent her school-age years in a boarding

school where she was taught that being "Indian" is not desirable. She responded with shame, depression, anger. These responses stick with her and become part of her "personality".

My mother's personality, of course, directly impacts me and I develop reactive behaviors, often negative, to deal with the second-hand stress of coping with her trauma. These negative reactive behaviors become the means by which I face life in general, and they often lead to bad choices.

On the other hand, my mother's shame, depression and anger may be secondarily transferred to me just because children copy the behavior of their parents. I learn how to respond to the world based, in some measure, upon the way my mother responds.

"Just think over the recent history of Native Americans," Tingley asks. "You can begin, then, to imagine how much stress confronts an Indian youngster."

Many Indian young people today, Tingley suggests, are caught up in an increasing and accelerating spiral of pain and despair fueled by many generations of post-traumatic stress. Several things result.

First, the sources of pain and despair continue to increase. New primary traumas occur frequently as negative behaviors generated by PTS take their toll. Some Indian youngsters, acting out risk-taking behavior generated by PTS, experience new trauma and new post-traumatic stress as death, injury and accidents increase.

Secondly, the desire for relief increases. Something must be found to ease the pain. In the absence of constructive resources, any resource may be grabbed. And those resources often include alcohol, drugs, and inhalants: whatever promises escape.

The impact of substance abuse in Native American communities is alarming. The rate of alcoholism is high and substances are widely used.

The life expectancy for Indians is 44 years. For Native Americans, death by motor vehicle accidents—in most cases involving alcohol—is 5.5 times greater

than for the general population. The chances for death by homicide are 2.8 times greater than for the general population.

Indian youth use alcohol at a rate three times that of adolescents in the general population. They use marijuana and amphetamines at a rate twice that of white adolescents.

Indian youth have a suicide rate three times the national level.

What Can We Do?

Phil Tingley suggests one approach, an approach which requires participation of the entire community.

"We must, as a community, allow ourselves to experience the human grief process. This process will help us bring our young people to the Good Red Road, that state of mind which leads Indian people along a healthy, happy life path."

"Grieving as a people will help our young people to change their self concepts. We can empower ourselves as a group, to move away from being victims to become again a people who can determine our own direction using criteria and choices that are compatible with our Indian values."

WE MUST NOT GIVE UP.

"It is not easy," says Phil Tingley, "to live in the world when it turns upside down. But we know that Native Americans have the ability to adapt to challenge and change. We are a people that endure, and we have survived the world's turning before, again and again. If it were not so, we would not be here to hear of it."

So, says Tingley, we cannot now give up. We must "choose life" and remember that "Native Americans have the power to heal. We must remind ourselves that, as individuals, we are not alone. We are a tribal people whose families and communities are there to help support and guide us."

WE MUST CONFRONT OUR TRAUMA.

We must look at ourselves, our culture and our history with a clear eye and heart. We must identify the

sources of our traumas and our losses.

We must shake ourselves out of the emotional numbness with which we have attempted to protect ourselves from our pain. We must struggle with our resignation and our withdrawal.

We must challenge and confront the negative beliefs and attitudes that we have developed in an effort to solve our pain. We must step forward to good health.

How can we do this in a constructive way?

Tingley says we must look to our traditions. He reminds us again that "our tribes have had the ability to endure. We have survived the world's turning before, again and again."

"We must, as a people," he says, "seek a response appropriate to our culture.

WE MUST TALK IT THROUGH.

All tribes had a specific means for confronting problems. Talk was the basis. Patient listening and painstaking self-expression were the common thread.

"Today," says Phil Tingley, "we can begin grieving our traumas by sitting down together, in whatever way is appropriate to our tribe. In one tribe, gathering clan mothers may be the first step. In another, calling elders together may be appropriate. In another, assembling a talking circle may be most comfortable. The point is we need to begin a sharing process."

Tingley acknowledges that sharing trauma and pain may not be easy. In fact, it may not even be possible without practice. "The first step," he suggests, "may be to revive the tribal talking process by discussing how problems used to be solved. Identify the old techniques, then try them on some simple problems."

But sooner, or later, Tingley says, tribal communities have to look at what has happened. "As a people, we need to review what has happened to us. We need to look at the events and we need to look at our responses. We need to sort out the things we

can change and those we may need outside help with."

"Looking at our pain," says Tingley, "will not be easy. We must understand that, through the grieving process, many hurtful feelings will be uncovered. Nightmares, flashbacks, anxiety, fear, anger may be stimulated. Feelings we have hidden may be revived. This may be intensely uncomfortable, but it is also a part of the natural process." The process opens the door for self-feeling and self-healing.

Tingley stresses that confronting trauma can be dangerous, depending upon the extent of the trauma involved. He emphasizes that for the severe traumatic experience (like sexual abuse, rape or physical abuse), professional help is necessary.

WE MUST PROVIDE A SAFETY VALVE.

As trauma is confronted, we must be aware that release can be explosive and that, ideally, the process should be monitored closely.

This creates a major problem because, in many communities, mental health resources are limited or non-existent. Tingley urges tribes not to give up. "Leave no stone unturned," he says.

"Hunt unrelentingly for resources. Talk about what ill-effects you might predict, discuss what you feel will help to protect against these, explore possible coping strategies. Look for resources within the tribe: community leaders, spiritual leaders, family elders. Look to the county, the state, the federal mental health systems. Look to other tribes. Do not isolate yourselves. Be prepared to borrow or use resources from any available source, as long as they fit comfortably."

WE MUST ACKNOWLEDGE OUR ANGER.

One of the most difficult parts of the grieving process is encountering our anger. Anger is not a primary emotion. It is used, mostly by adults, to mask the hurt,

shame, embarrassment and vulnerability that we feel when something abusive or traumatic happens to us. Recognizing our anger and the emotions it covers will provide us a place from which to begin healing and recovery.

But, Tingley tells us that, as we first acknowledge our anger, we may search to establish blame. This is normal.

We will look to see what happened. We may visualize various different ways we, and others, could have played out our parts.

We may bargain and devise schemes by which someone could have altered our trauma and our lives by a different response.

Would my situation be different if my grandfather had been stronger? If my mother had not turned to alcohol? If the white man had not come? If the boarding school policy had been different? If I had done something differently?

This stage of our grieving will challenge us in several complicated ways.

We will be challenged to accept the various responses we and others have made. We will be challenged to forgive, starting first by forgiving ourselves. At the same time, we will be challenged to distinguish between healthy and unhealthy choices.

As we confront our personal and cultural traumas, we will have the difficult task of distinguishing between reactions that are automatic, responses that are learned, and responses that are consciously chosen. We will have to sort out our behaviors. What reactions are human and normal in times of trauma? Which behaviors are appropriate for dealing with stress? Which are productive? Which are not? What alternative responses might be possible? How do we distinguish between a human reaction to stress and a learned or selected response?

We will have the difficult task of accepting the behavior of others and focusing on those areas in which we can make choices for ourselves.

WE MUST RECONSTRUCT OUR LIVES.

Finally, in dealing with post-traumatic stress, Indian communities must reinforce, reconstruct or establish healthy life patterns.

"We must move away from negative response behaviors, some of which have been ingraining themselves in our society for four or five generations. This means we must change. We must face and accept our trauma. We must learn from it and we must take back our power. We must reconstruct lives in which we have a better ability to cope with pain."

Tingley says any change is difficult, even change for the better. "As a people," he says, "we must provide ourselves something with which to replace our pain. We must have something to go to."

"Strange as it sounds, we must have something to replace the emptiness which ridding ourselves of pain leaves."

Tingley says the way to do this, again, is to look to our traditions. Indian culture has many ceremonies and rituals which have provided sustenance in the past.

Our prayers, our sweats, our healing ceremonies, our ceremonies for birth, puberty, naming, accomplishment and death, and our male and female warrior recognition ceremonies may be revived. Public recognition that a person has gone through a difficult time, has won a battle, and is now ready to rejoin society can significantly help people who are trying to come to grips with a trauma.

Tribal and extended family systems must be recognized for the many values and supports they offer. Networking, community events and tribal ceremonies can highlight these systems, focusing on their strengths and building their base.

"We must look," says Phil Tingley, "at our resources. We must look at what is left of our culture. We must strengthen that."

In cases where a tribe's traditions have been

depleted to the point of not being recognizable, Tingley says "borrow."

"Indians," Tingley says, "share a tradition of being smart enough to borrow. Tribes have always borrowed one from another. Traditionally, when a tribe needed something it did not have, it would look around and see what was working someplace else. Tribes were skilled at adapting and integrating ideas and techniques into their societies."

"The point is," Tingley concludes, "that tribes have the ability to HEAL THEMSELVES. We are a self-sufficient people. We have to reclaim that self-sufficiency."

"We must look at our present situations. We must determine what we want to change. We must determine what we need. Then we must find the means of meeting these needs."

As a people, by confronting and accepting our history and experiences, we will free the power and strength we have required to suppress our traumas for use in overcoming them and moving forward."

Indian tribes have the resources to heal themselves.

Our youth will benefit from the strengths of our traditions and cultures.

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The photographs were taken by Danny Gale and Justine Perez. The cover photos and those on pages 4 and 15 are by Gale. The photos on pages 2 and 8 are by Perez. The people posing for the photos were selected for their positive involvement with Native American communities and youth.

Masculine pronouns are used throughout most of the text as a means of making it easier to read. There is no intention to imply that problems of post-traumatic stress or alcohol/drug abuse are experienced more frequently or more severely by males than by females.

Copies of this booklet may be ordered, for printing and mailing costs, from the Native American Development Corporation, 1000 Connecticut Avenue NW, Suite #1206, Washington, DC 20036. Telephone: (202) 296-0685.

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